

POSITION	ID NO.	DATE
CLASSIFIER		40 6-10-96
EXAMINER	May	6-17-96
TYPIST		6-18
VERIFIER	28	7-26-96
CORPS CORR.		
SPEC. HAND	412	7-17-96
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

BEST AVAILABLE COPY

Claim	Date
Final	Original
1	10 72
2	24 97
3	14 98
4	6 99
5	27 00
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SYMBOLS  
 ✓ Rejected  
 = Allowed  
 - (Through numeral) Cancelled  
 N Restricted  
 I Non-elected  
 A Interference  
 O Appeal  
 O Objected

